

flexor surface of the forearm. A positive reaction gives evidence of an acquired specific allergy, which in most instances continues throughout the life of the patient. Consequently, a positive test does not necessarily indicate the presence of a recently acquired active infection. Old, completely healed infections may eventually give positive reactions. The Frei test, however, properly performed and controlled, is reliable, and in the presence of active lesions leads to a positive diagnosis.

The prevalence of venereal lymphogranuloma in California is apparently unknown. A review of a recent survey of adults in the San Francisco Hospital of the Department of Public Health would indicate that it is much more common than has been formerly recognized, and that it is definitely a menace to public health. The results of a survey of 405 adult patients in the general wards of the San Francisco Hospital of the Department of Public Health showed, when the Frei test was used: 394, or 97.3 per cent, negative; 11, or 2.7 per cent, positive. Patients investigated because of clinical evidence of venereal lymphogranuloma were not included in this group. Many of the patients in this series in whom positive or questionable reactions were obtained were found, on careful questioning, to have had one or several clinical manifestations suggestive of the disease during their adult lives.

SAN FRANCISCO SERIES

During the past year, at the San Francisco Hospital of the Department of Public Health, twenty-one new cases of venereal lymphogranuloma have been studied. It must be remembered that this number includes only those indigent patients who required hospitalization, because of the extent of their clinical lesions.

COMMENT

The relative frequency of positive Frei reactions in patients with no clinical manifestations of the disease, and with no history of previous active lesions, cannot be emphasized too strongly. How easily the disease may be transmitted by other means than sexual intercourse is not known. Many extragenital, primary lesions have been reported in the literature. Undoubtedly, many more have been unrecognized and undiagnosed. There is no question that we are confronted with another venereal disease which is spread, in the majority of instances, by sexual congress and the late manifestations of which are extremely chronic and devastating. Unfortunately, we still know very little of the epidemiology. Too frequently we have found a positive Frei test accompanied by clinical manifestations in a patient whose mate shows only a positive Frei test with no history of a primary lesion or late clinical manifestations. Who was responsible for the infection? Inasmuch as the Frei test remains positive throughout the life of the individual, we have as yet no means of ascertaining when or how long a patient is in the infectious stage.

It is our conviction that a great many infections with the virus of venereal lymphogranuloma are acquired through the same sexual contact leading

to the initial infection with any of the other venereal diseases, and may thus go unrecognized. For this reason we believe that any venereal infection should be considered a mixed infection and that the Frei test should be used in these cases just as frequently as the serological reaction for syphilis or a smear for gonorrhea.

PUBLIC HEALTH PHASES

The public health measures necessary in the prevention of this disease will become evident only through a more comprehensive knowledge of its occurrence and epidemiology. The multiplicity and extreme seriousness of the late manifestations, the inefficacy of all known methods of treatment, and the relative frequency of venereal lymphogranuloma emphasize the importance of its early recognition and prevention.

101 Grove Street.

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BENJAMIN FRANKLIN KEENE*

By GUY P. JONES
San Francisco

DR. Benjamin Franklin Keene came from Georgia to Placerville, California, in 1849, to engage in mining, which he soon abandoned in order to resume the practice of medicine. In 1851 he was elected to the State Senate, where he served for a period of four years. Shortly before his death he received the nomination for state treasurer. He was elected president of the Medical Society of the State of California, March 13, 1856, on which date the Society was organized. His death in September of that year cut his tenure of this office to barely six months. Doctor Keene belonged to that group of Southern gentlemen who migrated to California during the gold rush, activated by the spirit of adventure rather than by a desire to gain sudden wealth. Among them were many doctors of medicine who were instrumental in the establishment of the State's government upon a sound and substantial basis. Doctor Keene inspired confidence in his fellow men, and was warmly praised for his honesty and integrity.

Prior to 1856 there was no medical organization in California. The gold rush had attracted many charlatans who laid claim to training in medicine, but who actually had no moral or legal right to treat the sick and injured; men whose only interest lay in the extraction of gold dust from their pa-

* From the Department of Vital Statistics, California State Board of Public Health.

tients. The call to organize a state medical society was issued by Dr. Thomas M. Logan, a South Carolinian, who settled in Sacramento in August of 1850, and Dr. E. S. Cooper of San Francisco, who came from Illinois in 1855. Realizing the need for unity in a medical organization, all individuals who called themselves doctors of medicine were invited to attend the meeting for the purpose of organization.

The status of the profession at that time, as described by an early historian, is of interest. Practitioners of the early 50's were said to consist of three parties: first, those who were earlier residents of California—"old-established practitioners"—and who were willing to have medical discussions, provided that only certain individuals were allowed to participate; second, a group smaller in number, composed of old-timers as well as newcomers—men who were anxious to see justice done to all, who had no animosities to settle, and were strongly bent on making the Society one of medical improvement; and third, a group composed of more recent arrivals in the state—leaders, active and progressive, but who were willing to make concessions for securing harmony. There was a violent conflict between the first and the third groups. The first "party" had been accustomed to habits of idleness, indolence and ease. Its members were more fond of amusement than of study, and could not brook the idea of being compelled to go to work in earnest for the advancement of medicine on this coast, or lose their claimed prestige in consequence of the system and activity of others.

Doctor Keene was selected to bring harmony among these conflicting groups. Because of his service in the State Senate he had become widely acquainted, and his reputation for honesty and integrity inspired confidence among all practitioners of medicine within the state. His untimely death might have forestalled the stormy existence of the Society during its early years, and its dissolution in 1860, not to be reorganized until October 19, 1870, when Dr. Thomas M. Logan, secretary of the newly established California State Board of Health, was elected president of the Medical Society. On that date, in his address before the Society, Doctor Logan said:

Prior to this organization, as most of you will remember, the medical mind was in a state of inertia—the profession in a chaotic condition. The dominant materialism of the Golden Age, which had invaded every department of human

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CLINICAL NOTES AND CASE REPORTS

UNDULANT FEVER (BRUCELLOSIS)

By GEORGE H. BECKER, M. D.
San Francisco

AS diagnostic procedures are improved, it would appear that *Brucella* infection is much more common in the United States than has heretofore been thought. Reports indicate that the known incidence of the disease has increased rapidly. The

literature shows that much work is being prepared upon this subject. New techniques for diagnosing this condition are being brought forth from our research centers. The practitioner is now quite aware of the possibility in any case characterized by prolonged and wavering pyrexia.

Much less satisfactory are the reports upon therapy. So numerous are the treatments employed that the practitioner may yet be confused as to the best treatment to offer his particular patient.

In evaluating the reports upon therapy, we find that almost as many suggestions are offered as papers written!

Specific and nonspecific vaccines show some success. Various drugs and chemicals have been used with good results. Oral and intravenous methods are recommended. The series is usually small and many failures are noted; the one common factor in most successful treatments seems to depend upon a general systemic reaction or protein shock. The accompanying fever has usually been transient and more or less uncontrollable.

Regardless of methods used, the best results seem to follow the more severe thermal reaction. Most writers agree that the specificity of vaccines used is unimportant, and the results vary chiefly with the degree and extent of the reaction. As some patients respond but slightly to vaccine injections, it would seem logical to produce the hyperpyrexia by more easily controllable means.

Artificial fever can be easily regulated, both as to degree and duration, by one of the several mechanical methods now in use.

The following is an account of the treatment of a case of brucellosis by artificial fever, followed by permanent recovery.

REPORT OF CASE

Mr. J. A., aged 57, executive-salesman. Admitted to hospital on January 31, 1938. Present illness began with loss of appetite and weight, lethargy, lack of ambition, weakness, slight cough, gastro-intestinal distress, daily fever. This was about Christmas Day, 1937.

A diagnosis of influenza was made and the patient confined to bed and treated with salicylates and forced fluids. After three weeks of such treatment he was seen by the writer.

The history showed that, as an executive, he had no contact with any animals, and, disliking milk, he had only occasionally consumed milk, which was always pasteurized. Questioning, however, revealed week-end visits to a friend's country place, upon which were some cows and hogs. On these visits he occasionally participated in work with the animals and about the barns. He also recalled that, while deer hunting, he drank water carried from the dairy in five-gallon milk cans.

Past History.—His health had always been excellent, except for a gastric ulcer twenty years ago, which was healed by medical treatments. No operations or accidents.

Examination showed a man of fifty-seven years lying in bed quite depressed and apprehensive. He had lost about thirty pounds weight (from 143 to 112 pounds), and presented an emaciated appearance. The temperature was 101.4 degrees Fahrenheit: the pulse, 120; respiration, 26; the blood pressure was 125 systolic, 80 diastolic. The head and neck presented no abnormalities, save small atrophied tonsils. The thyroid was slightly palpable. The heart was negative, except for a soft systolic murmur at the apex, not transmitted. A few coarse bronchial râles were present. The abdomen was negative to examination, as were the extremities. The reflexes were all present and physiologic.

Laboratory Examination.—Blood count: Hemoglobin, 14.7 grams; red blood cells, 4,820,000; white blood cells,

which could be spared in excess of the \$400 given last spring for the above purpose, decided to assist a deserving blind woman to independence and greater joy in living by giving her the necessary \$75 balance above the amount she could earn or raise to buy a trained dog guide.

Due to the sudden, though fortunately brief illness of Mrs. Edmund J. Morrissey, President, Mrs. A. L. Brown, First Vice-President, presided at the meeting of about eighty members.

MRS. WILBER F. SWETT, *Publicity Chairman*.

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San Mateo County

The Woman's Auxiliary to the San Mateo County Medical Society held its first meeting of the season on October 25 at 7 p. m., attended by about twenty ladies. All the wives of doctors, whether members or not, were invited.

Mrs. Kirk Prindle of 865 Culebra Road, Hillsborough, opened her lovely home to the Auxiliary on this evening and served a delicious buffet supper.

Afterward Mrs. G. W. Sevenman, President, called a short business meeting, and later she gave a delightfully amusing talk on her experiences as the wife of a horse-and-buggy doctor.

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The second monthly meeting was held at the Benjamin Franklin Hotel at seven o'clock in the evening of November 29, and brought out twenty-five members. The president, Mrs. Sevenman, presided. Following dinner, Mr. F. M. Stanger, an instructor at the San Mateo Junior College, spoke on Mexico.

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Santa Barbara County

On Monday afternoon, November 13, Mrs. Henry Johnson Ullmann opened her lovely home to the members of the County Auxiliary and their guests. A delightful tea was served, with Mrs. Frederick Scatena, State President, guest of honor, who discussed the objects and aims of the organization. Other guests were Mrs. Clifford Wright, past president, and Mrs. E. Eric Larson, President of the Los Angeles Auxiliary.

MRS. C. T. ROOME, *Publicity Chairman*.

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Tulare County

The monthly meeting of the Woman's Auxiliary to the Tulare County Medical Society was held on December 3 at the Johnson Hotel, in Visalia. After dinner, Dr. Ellis D. Sox, Tulare County Health Officer, gave an interesting and instructive talk on *Child Welfare*. Mrs. W. L. Chittom, probation officer, held the attention of all with a talk on her professional work.

Approximately fourteen members were present.

AGNES L. PARKINSON, *Corresponding Secretary*.

In a democracy, society must recognize that the individual has rights which are guaranteed, and the individual must recognize that he has responsibilities which are not to be evaded.—Dr. Harry Woodburn Chase, Chancellor of New York University.

Early Diagnosis of Tuberculosis Is Good Economy.—To keep an early case in a sanatorium for a few months may cost a few dollars. To keep an advanced case for several years may cost many thousands of dollars.—*Ohio Public Health*, June 1939.

BENJAMIN FRANKLIN KEENE

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activity and inverted the natural order of things by subjecting the higher to the lower, was degrading medicine into a mere business, leading men of real ability, who might have been remembered as benefactors of their race, to spend their noble energies in building up an extensive practice, irrespective of the means, by which alone the much-coveted prize could be won.

Because of Doctor Keene's peculiar fitness as a coordinating officer, it is not unfair to presume that, had he lived, the early history of medicine in California would have been vastly different and that the Medical Society of the State of California would have enjoyed an uninterrupted existence from March 13, 1856, to the present time. Credit for its revival upon a sound basis, however, enabling its uninterrupted existence for almost seventy years, is due to that other Southern gentleman—Doctor Logan,[†] a physician and an advocate of public health.

ADDENDUM*

Doctor Keene was not a Southerner by birth, but most of his mature life was spent in Georgia, where he married and practiced his profession for many years. He was born of old New England stock, and could trace his ancestry to Thomas Prence, twice Governor of Plymouth Colony, 1634-1638 and 1657-1673. His mother, a Quaker, was a close friend of John Greenleaf Whittier, who dedicated several poems to her and preached her funeral sermon in the little Quaker meeting house at Lynn, Massachusetts, in front of which she is buried.

Doctor Keene was born in 1813 at Lynn, where he attended high school and later the Friends' School, now known as the Moses Brown School, in Providence, Rhode Island. He read medicine under his uncle, Dr. Paul Swift, at Nantucket, Massachusetts, 1828 to 1830. Doctor Swift afterward became a member of the faculty of Haverford College, Pennsylvania. In 1832 Doctor Keene was admitted to the practice of medicine in Georgia upon submitting a thesis on cholera infantum. He practiced at Hillsboro, in that state, until 1847, when he enlisted in the Mexican War as private in the Texas Mounted Volunteers. He mustered out with his company on April 30, 1848, at Camp Washington, Vera Cruz, Mexico. For services rendered in that war, he received a grant of 160 acres of land located in Louisiana, which he sold in 1849 upon his departure for California. During the years 1847 to 1849 he was a member of the Georgia Board of Physicians (Examiners). His services as State Senator from Eldorado County covered the third, fourth, and fifth sessions of the Legislature, 1852 to 1853, 1854, and 1855 at Vallejo, Benicia, and Sacramento. He was president pro tem. of the Senate in the third and fourth sessions. Defeated for the office of lieutenant-governor in the State Democratic Convention, he was nominated for state treasurer; but his untimely death occurred before the election.

[†] For references to Doctor Logan in this issue, see pages 2 and 6.

* This addendum, giving additional information concerning Doctor Keene, was received at a later date than the other copy.